

Case Number:	CM14-0021211		
Date Assigned:	05/05/2014	Date of Injury:	01/29/2013
Decision Date:	08/04/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 29-year-old female who has submitted a claim for other affections of shoulder region, not elsewhere classified, associated with an industrial injury date of January 29, 2013. Medical records from 2013 to 2014 were reviewed. The patient is status post left shoulder arthroscopy, synovectomy, bursectomy, coracoacromial ligament release, Neer type acromioplasty, capsule imbrication and labral repair on August 26, 2013. She is currently complaining of left shoulder pain. Physical examination of the left shoulder showed tenderness along the rotator cuff; limitation of motion; weakness with muscle strength of 4+/5 with shoulder abduction and flexion, and 5-/5 with external and internal rotation. The diagnoses were impingement syndrome and labral tear on the left, status post decompression and labral repair. Treatment plan includes a request for Terocin patch and LidoPro lotion. The treatment to date has included oral and topical analgesics, physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulation (TENS), left shoulder surgery, cortisone injection and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TEROCIN PATCH #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. According to the California MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case, the patient has been on Neurontin as far back as August 2013. However, persistence of symptoms prompted adjuvant therapy with Terocin patch since 2013. However, there was no objective evidence of overall pain and functional improvement with its use. The medical necessity has not been established at this time. Therefore, the request for Terocin Patch #20 was not medically necessary.

LIDO PRO 2.50% LOTION 4 OUNCES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Capsaicin, topical; Salicylate topicals; Topical Analgesics Page(s): 28, 105, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: An online search indicates that Lidopro is composed of capsaicin 0.325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. As stated on page 111 of the California MTUS chronic pain medical treatment guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, the California MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, the MTUS Chronic Pain Medical Treatment Guidelines identify on page 112, that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, the MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component; the MTUS states on page 105, that salicylate topicals are significantly better than placebo in chronic pain. In this case, the use of Lido Pro lotion was noted since September 2013. However, there was no objective evidence of overall pain and functional improvement with its use. Moreover, there was no documentation regarding failure or intolerance to first-line oral pain medications. There is also no evidence supporting a 0.325% preparation of capsaicin, or of topical formulations of lidocaine aside from patches. Any compounded product that contains at least one drug that is not recommended is not recommended. There was no compelling rationale concerning the need for variance from the

guideline. In addition, the request did not specify the amount to dispense. Therefore, the request for Lido Pro 2.50% lotion 4 ounces was not medically necessary.